

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	IND.	DEP.	IND.	DEP.
1	/					51			
2	/					52			
3	2					53			
4	2					54			
5	2					55			
6						56			
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42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	2					TOTAL IND.			
TOTAL DEP.	6	↔	↔	↔		TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	8	████████	████████	████████		TOTAL CLAIMS	████████	████████	████████